

Revised 03/06 WDNV

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORK**

**FORM TO BE USED IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
(Prisoner Complaint Form)**

**09 CV 0726**

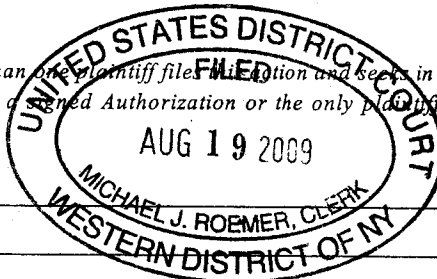
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**1. CAPTION OF ACTION**

**A. Full Name And Prisoner Number of Plaintiff:** NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. Riland Bryant 07A6919

2. \_\_\_\_\_

**-VS-**

**B. Full Name(s) of Defendant(s)** NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. MELVIN Williams, Supt.

4. \_\_\_\_\_

2. Rickey Reynolds, Co.

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

**2. STATEMENT OF JURISDICTION**

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

**3. PARTIES TO THIS ACTION**

**PLAINTIFF'S INFORMATION** NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: Riland BryantPresent Place of Confinement & Address: Marcy Corr. FacilityBox 3600Marcy, N.Y. 13403-3600

Name and Prisoner Number of Plaintiff: \_\_\_\_\_

Present Place of Confinement &amp; Address: \_\_\_\_\_

**DEFENDANT'S INFORMATION NOTE:** To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: MELVIN WILLIAMS

(If applicable) Official Position of Defendant: SUPERINTENDENT

(If applicable) Defendant is Sued in \_\_\_\_\_ Individual and/or \_\_\_\_\_ Official Capacity

Address of Defendant: COUNTRY ROAD 132, P.O. Box 303, Willard, N.Y.  
Willard Drug Treatment Campus

Name of Defendant: Rickey Reynolds

(If applicable) Official Position of Defendant: CORRECTIONS OFFICER

(If applicable) Defendant is Sued in \_\_\_\_\_ Individual and/or \_\_\_\_\_ Official Capacity

Address of Defendant: COUNTRY ROAD 132, P.O. Box 303, Willard, N.Y.  
Willard Drug Treatment Campus

Name of Defendant: DEPARTMENT OF CORR. SERVICES

(If applicable) Official Position of Defendant: \_\_\_\_\_

(If applicable) Defendant is Sued in \_\_\_\_\_ Individual and/or \_\_\_\_\_ Official Capacity

Address of Defendant: HARRIMAN - Building #2, 1220 WASHINGTON AVE  
ALBANY, N.Y.

#### 4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?  
Yes \_\_\_\_\_ No ☒

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_

3. Docket or Index Number: \_\_\_\_\_

4. Name of Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the disposition of the case?

Is it still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give the approximate date it was resolved. \_\_\_\_\_

Disposition (check the statements which apply):

\_\_\_\_\_ Dismissed (check the box which indicates why it was dismissed):

\_\_\_\_\_ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

\_\_\_\_\_ By court for failure to exhaust administrative remedies;

\_\_\_\_\_ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

\_\_\_\_\_ By court due to your voluntary withdrawal of claim;

\_\_\_\_\_ Judgment upon motion or after trial entered for

\_\_\_\_\_ plaintiff

\_\_\_\_\_ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes \_\_\_\_\_ No ☒

If Yes, complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. District Court: \_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of District or Magistrate Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the disposition of the case?

Is it still pending? Yes \_\_\_\_\_ No ☒

If not, give the approximate date it was resolved. \_\_\_\_\_

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

- ☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- ☐ By court for failure to exhaust administrative remedies;
- ☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- ☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

- ☐ plaintiff
- ☐ defendant.

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### 5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- |                    |                        |                               |
|--------------------|------------------------|-------------------------------|
| • Religion         | • Access to the Courts | • Search & Seizure            |
| • Free Speech      | • False Arrest         | • Malicious Prosecution       |
| • Due Process      | • Excessive Force      | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect   | • Right to Counsel            |

**Please note that** it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

**Fed.R.Civ.P. 8(a)** states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

**Fed.R.Civ.P. 10(b)** states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

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### Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prison er confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

**A. FIRST CLAIM:** On (date of the incident) 4-9-08 at approximately 6:45am  
 defendant (give the name and position held of each defendant involved in this incident) C.O. Ricky Reynolds

did the following to me (briefly state what each defendant named above did): For no apparent reason I was without warning, grabbed from behind and forced from my assigned seat and thrust to the floor by C.O. Ricky Reynolds. He then proceeded to drag me across the C-mess Hall floor. While I was discommodated from his attack I then received several kicks to my back area from C.O. Ricky Reynolds.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: failure to abide by job description custody, care, and control

The relief I am seeking for this claim is (briefly state the relief sought): for pain and suffering, mental anguish I seek approximately the sum of \$1,000,000.00 as relief

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? Negative

Did you appeal that decision? ☒ Yes ☐ No If yes, what was the result? Negative

*Attach copies of any documents that indicate that you have exhausted this claim.*

If you did not exhaust your administrative remedies, state why you did not do so: \_\_\_\_\_

**A. SECOND CLAIM:** On (date of the incident) 4-9-08, at approximately 6:45am  
 defendant (give the name and position held of each defendant involved in this incident) Melvin Williams, Superintendent, knew of the incident and did nothing to remedy

did the following to me (briefly state what each defendant named above did):

C.O. Rickey Reynolds  
decided to go outside the realm of his job description by causing bodily harm  
to me. He grabbed me from behind, threw me to the floor and  
proceeded to drag me across the C-Mess Hall floor, then C.O. Rickey  
Reynolds started kicking me in my back area without remorse

The constitutional basis for this claim under 42 U.S.C. § 1983 is: failure to abide by job description,  
custody, care, and control

The relief I am seeking for this claim is (briefly state the relief sought): In relief I seek approximately  
one million dollars for the pain and suffering, mental anguish

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? \_\_\_\_\_

Did you appeal that decision? ☒ Yes ☐ No If yes, what was the result? \_\_\_\_\_

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: \_\_\_\_\_

If you have additional claims, use the above format and set them out on additional sheets of paper.

**6. RELIEF SOUGHT**

Summarize the relief requested by you in each statement of claim above.

For their failure to OFFER Equal protection and for the excessive  
force, pain and suffering, and mental anguish. I am seeking  
approximately one million dollars

Do you want a jury trial? Yes ☒ No ☐

☐ I declare under penalty of perjury that the foregoing is true and correct.

Executed on

July 29, 2009

(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

Riland Bryant  
Rev. Sr

Signature(s) of Plaintiff(s)

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK )  
 ) ss:  
COUNTY OF CAYUGA )

Riland Bryant 02A6919, being duly sworn, deposes  
and says:

That on the 29th day of JUNE 2009, I served a true and  
accurate copy of the enclosed papers, and mailed such upon the  
following:

Clerk: Brian P. Comerford - Department of Corr. Services  
United States District Court Harriman - Building #2  
Western District of New York 1220 Washington Ave.  
U.S. Courthouse, 68 Court Street Albany, N.Y.  
Albany, N.Y. 14202-4850

Melvin Williams, Supt.  
Rickey Reynolds, C.O.  
Willard Drug Treatment Campus  
Country Road 132 - P.O. Box 303  
Willard, N.Y.

Respectfully Submitted

Riland Bryant

Sworn to before me this 1<sup>st</sup>

day of July 2009

Doris M Hansen  
NOTARY PUBLIC

Doris M Hansen  
Notary Public in the State of New York  
Qualified in Cayuga Co. No. 2265  
My Commission Expires Jan. 22, 1993  
2011



